	.			 (<u> </u>			SERIAL	NO.					
	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET											FILING DATE			
	(FOR USE WITH FORM PTO-875)								APPLICANT(S)						
									10/070883						
	 	+	FILED	1st AM	TER ENDMENT	AFTER 2nd AMENDMENT				1.		1.	1000		
	1	IND.	DEP.	IND.	DEP.	IND.	DEP.	1		IND.	DEP.	IND.	250		
•	2	 	1	 -					51			IND.	. DEP.	IND.	DEP.
•	3		17		 				52				 		
	4								53						
	5								54						
	- 6 7								55 56						
	8	<u> </u>	1					į	57						
į	9	· -	01					· [58						
	10	-	*,					· [59						 -
	11		0,					L	60			. 1			
- 1	12		BI					-	61						
ŀ	13		2			_		- F	62 63			-			
·	14		Q 1					F	64	-+					
· [16		d-1			-		F	65						
	17	/	3				<u></u>		66				-+		
 -	18		2					 -	67			-			
 -	19		3		_			-	68						
-	20	- 12	7					· -	69						
	22	-6	} 						70 71						
	23	Z 16	/- -						72	+					
ļ —	24	1							78						
	25				_	+-	\dashv		74			_			
<u> </u>	26								75				-		\dashv
_	8					_	\dashv	_	76	- ·				1	\dashv
2						,	\neg		17			\bot			\dashv
3		_						7				-			
3:				+-			4	8			-	┥		1	\exists
32						+	-{	8:				 	+	┽	
34						1		83						+	┪
35		 -	 -		<i>\$</i> 1			84		 -	┼				7
36			+] [85		+	┼	┼	1]
37	-		_	+	+	 	-	86			 	+	 	 	╣.
38		-			 	 	- I	87	-			 	┼	 	-{
<u> 89</u> <u>40</u>	+	 	-			 	- I	88	 				+	 	-
41	1	 	+	+	-		J.	89 90	+		-				1 .
42			+	+	+		1 [91		 	 		 		1
43				 	1		1 [92			-		 		
44	+						1 -	93							1
46	 -	 	 		1.		1	94							
47	1-	<u> </u>					1 -	95 96	 						
48					 			97	 						
49								98							
TOTAL	1-2-						_	99							
TOTAL	2	il						TAL							
UEP.	17		1	. ∤		ا لح		TAL		1					•
PETAL							DE				+	† ف		ا د	
PTO-1386	19 491		•/	MAY BE I	SED FOR	4 D2 =		[ALB						-	
					BED FOR	TIQ	wal clai	M8 QB	AMENDM		LS, DEPA	TMENT	of COMME	RCE	

BEST AVAILABLE COP.